

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>PL</i>		<i>08-29-01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>49</i>	<i>9/5/01</i>
<b>FORMALITY REVIEW</b>	<i>TF</i>	<i>953</i>	<i>08-28-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>SLC</i>	<i>809</i>	<i>11-30-01</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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